

State of New Jersey
MOTOR FUEL DISTRIBUTORS REPORT

FOR THE MONTH OF _____ 19____ Year

SUBMIT FORM IN DUPLICATE

THIS FORM TO BE USED BY LICENSED N.J. GASOLINE DISTRIBUTORS

THIS FORM MAY BE REPRODUCED

LICENSE NUMBER		FEDERAL IDENTIFICATION NUMBER		Tax remittance due with report: Make check payable to "State of New Jersey - MFT" and mail with report to: Division of Taxation, Motor Fuels, CN 243, Trenton, NJ 08646-0243. Due Date: Must be received on or before 20th of the month following the report month. All gallon figures are to round to the nearest gallon. Please show all figures as positive (no negatives).			
LICENSEE NAME							
MAILING ADDRESS							
INVENTORIES AND RECEIPTS		GALLONS		DISTRIBUTION		GALLONS	
1	Opening Inventory - Gasoline (including gallons in transit)			10	Gasoline Sold Delivered Tax Collected (attach Sch. 6 if delivered to licensees)		
2	Gasoline Received Tax Paid (attach Schedule 1)			11	Gasoline Sold Delivered To Licensed Distributors & Jobbers Tax Not Collected (attach Sch. 7)		
3	Gasoline Received From License Holder Tax Unpaid (attach Schedule 2)			12	Gasoline Exported To Other States (attach Schedule 8)		
4	Gasoline Imported From Another State Delivered Direct to Customers (attach Schedule 3)			13	Gasoline Delivered To Government Agencies Tax Exempt (attach Schedule 9)		
5	Gasoline Imported From Another State Delivered Into Tax Free Storage (attach Schedule 4)			14	Other Non-taxable Distribution (attach Schedule 10)		
6	Other Receipts (Sch. 5)			15	Gain or Loss (Circle One) G L		
7	Total Gallons Handled (add Lines 1 through 6)			16	Gallons Accounted For: (total Lines 10 through 15)		
8	LESS: Closing Inventory (including gallons in transit)						
9	Gallons To Be Accounted For: (subtract Line 8 from Line 7)						
TAX COMPUTATION				(A) GASOLINE (B)			
				GALLONS AT 10.5¢ AMOUNT (A) X .105			
17	Total Taxable Distribution at Appropriate Rate Per Gallon						
18	Less Tax Paid Purchases (Schedule 1)						
19	Less Dealer Sales to Governmental Agencies (Form 6060 attached) (Schedule 9)						
20	Less Refundable Uses						
21	Total (Line 17 Less Lines 18, 19 and 20)						
22	Add Adjustment of Previous Month's Reports (Sch. GA-1C)						
23	Less Adjustment of Previous Month's Report (Sch. GA-1C)						
24	Total Tax - Gasoline (Line 21 plus Line 22 minus 23)						
25	ADD: Airport Safety Tax (From Schedule GA-IV)						
26	ADD: Penalty and Interest						
27	LESS: Total Credit from Previous Month						
28	LESS: Total Amount Paid with Estimated Return or by Electronic Funds Transfer						
29	BALANCE DUE (If total of Lines 24, 25 and 26 is GREATER than total of Lines 27 and 28) Enter amount here. →						
30	OVERPAYMENT - (If total of Lines 24, 25 and 26 is LESS than total of Lines 27 and 28) AMOUNT TO BE CREDITED →					↑ PAY THIS AMOUNT ↑	

SIGNATURE AND VERIFICATION

I declare under the penalties provided by law, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has knowledge.

(Date) (Signature of Duly Authorized Officer of Taxpayer)

(Title)

(Date) (Signature of Individual Preparing Return)

(Address)

(Phone #)

(Preparer's ID No.)